

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003519

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

266

FILED JAN 16 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN	
ST. LOUIS, MO.		St. Louis	
Length of stay in 1b		Inside Limits	
30 days		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
ST. LOUIS CITY HOS. # 1		5943 Wabada	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last		Month Day Year	
NELLIE GREER		1 6 63	
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
Female	Negro		9/3/12
9. AGE (last birthday)	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country)
50	Laundress		Kingston, Tenn.
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY	
At Home		U. S. A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
Willie Greer		Ella Mae Davis	
14. NAME OF HUSBAND OR WIFE		Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.	
None			
17. INFORMANT		Address	
Mrs. Laurine Boston		4655 Margaretta	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u> DUE TO (b) <u>UNKNOWN CAUSE</u> DUE TO (c) <u>4201</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>RHEUMATOID ARTHRITIS</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		
20g. COUNTY		20h. STATE	
21. I attended the deceased from 12:15 P.M. - 62 to 1-6-63 and last saw her alive on 1-6-63		Death occurred at 4:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Thomas J. Rifon M.D.</u>	22b. ADDRESS 3515 LAFALETTE AVE	22c. DATE SIGNED 1 6 63	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1-11-63	23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEMETERY	23d. LOCATION (City, town, or county) St. Louis County, Mo.
24. FUNERAL DIRECTOR Glenn & Walker	4319 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. JAN 9 1963	26. REGISTRAR'S SIGNATURE <u>Glenn Smith, M.D.</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

RIFON  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

RIFON

ITEM NO.

DATE AMENDED

VS 300

Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Teaffire E. Cooper*

Licensed Embalmer No.

*4600*

P. O. Address

*4648 St. Ferdinand*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.